

# Annuity for Certain Military Surviving Spouses (ACMSS)

ACMSS is commonly referred to as the annuity for Forgotten Widows.

## • NEW BENEFIT FOR CERTAIN SURVIVING SPOUSES

Section 644, Public Law 105-85, November 18, 1997, provides that annuities shall be paid to certain military surviving spouses. Under this authority, qualified surviving spouses are entitled to a monthly payment effective December 1, 1997, through September 30, 2001.

## • ELIGIBILITY REQUIREMENTS

Only a surviving spouse who meets the following criteria qualifies for these annuity payments. A spouse who:

1. Is not qualified for an annuity under any other provision of chapter 73, title 10, United States Code.
2. Is not entitled to an annuity under section 4 of Public Law 92-425 (Minimum Income Widow's benefit).
3. Was married to a deceased retired member of a Uniformed Service described below at the time of such member's death and has never been remarried, and
4. Who either:
  - a. Was married to the member at the time the member became eligible for retired pay, or
  - b. Had been married to the member for at least one year before the date of death, or
  - c. Was the parent of a child born of such marriage.

Deceased Retired Member:

A deceased retired member for the purposes of this annuity is one who did not decline participation in the Survivor Benefit Plan or Reserve Component Survivor Benefit Plan, and either:

1. Retired before September 21, 1972, died before March 21, 1974, and was entitled to retired or retainer pay on the date of death, or
2. Was a member of a Reserve component during the period beginning September 21, 1972, and ending October 1, 1978, and
  - a. Died before October 1, 1978, and

- b. At the time of death would have been entitled to retired pay under chapter 67 of title 10, United States Code (as in effect during December 1, 1994), except for not yet being 60 years of age.

#### • AMOUNT OF ANNUITY

The annuity, under section 644, to a qualified survivor is \$165 per month, and shall be adjusted at the same time and in the same percentage as to military retired pay under section 1401a(b)(2) of title 10, United States Code. Consequently, as of December 1, 1997, the amount payable is \$168.47 per month. This amount must be reduced by the amount of any Dependency and Indemnity Compensation (DIC) to which the annuitant is entitled under section 1311(a) of title 38, United States Code.

#### • HOW TO APPLY

Claims must be submitted on [DD Form 2769](#) to the deceased retired member's service at the address prescribed thereon. An applicant shall submit certified copies of the member's death certificate; certificate of marriage to the deceased member; and, a copy of the member's DD Form 214, retirement order, or retired pay statement.

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**APPLICATION FOR ANNUITY  
CERTAIN MILITARY SURVIVING SPOUSES**

*(Please type or print information in ink)*

*Form Approved  
OMB No. 0704-0402  
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**PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS. RETURN COMPLETED FORM TO THE ADDRESS OF THE APPROPRIATE AGENCY ON BACK.**

**PRIVACY ACT STATEMENT**

**AUTHORITY:** Section 644, Public Law 105-85, November 18, 1997; Section 656, Public Law 106-65, October 5, 1999; and E.O. 9397.

**PRINCIPAL PURPOSE(S):** To be used by a qualified surviving spouse to apply for an annuity for certain military surviving spouses.

**ROUTINE USE(S):** None.

**DISCLOSURE:** Voluntary; however, personal information requested on this form is used to determine whether an applicant meets the criteria established for entitlement and if so establishes an annuity account. Withholding requested information may hinder the verification process and/or cause difficulty in establishing a valid annuity account.

**SECTION I - INFORMATION CONCERNING DECEASED MEMBER**

<b>1. NAME OF DECEASED RETIREE</b> <i>(Last, First, Middle)</i>	<b>2. SOCIAL SECURITY NUMBER OR SERVICE NUMBER</b>	<b>3. DATE OF BIRTH</b> <i>(YYYYMMDD)</i>
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**SECTION II - ELIGIBILITY**

Please answer the following questions to help determine your eligibility. Place an X to indicate the appropriate answer. Enter dates as YYYYMMDD. If you still wish to apply after completing this section, please complete Sections III through VI.

**4. DID THE DECEASED MEMBER DIE BEFORE MARCH 21, 1974, OR IN THE CASE OF A RESERVE MEMBER, DIE BEFORE OCTOBER 1, 1978?**

<input type="checkbox"/> <b>YES</b> Enter date of death:
<input type="checkbox"/> <b>NO</b> If you marked "NO", YOU ARE NOT ELIGIBLE.

**5. WAS THE MEMBER RETIRED, OR IN THE CASE OF A RESERVE MEMBER ELIGIBLE FOR RETIREMENT BY COMPLETING OVER 20 YEARS OF QUALIFYING SERVICE?**

<input type="checkbox"/> <b>YES</b> Enter date retired, or in the case of a reserve member, date of retirement eligibility:
<input type="checkbox"/> <b>NO</b> If you marked "NO", YOU ARE NOT ELIGIBLE.

**6. WERE YOU LEGALLY MARRIED TO THE DECEASED AT THE TIME OF DEATH?**

<input type="checkbox"/> <b>YES</b> Enter date of marriage:
<input type="checkbox"/> <b>NO</b> If you marked "NO", YOU ARE NOT ELIGIBLE.

**7. HAVE YOU EVER REMARRIED?**

<input type="checkbox"/> <b>YES</b> Enter date of remarriage:
<input type="checkbox"/> <b>NO</b> If you marked "YES", YOU ARE NOT ELIGIBLE.

**8a. ARE YOU RECEIVING ANY OTHER MILITARY SURVIVOR ANNUITY OF ANY KIND ON THE RECORD OF THIS OR ANY OTHER DECEASED RETIREE?**

<input type="checkbox"/> <b>YES</b> Enter monthly amount:
<input type="checkbox"/> <b>NO</b>

**b. TYPE OF BENEFIT:**

<input type="checkbox"/> <b>SBP</b>	If you are receiving <b>SBP</b> or <b>MIW</b> , YOU ARE <b>NOT ELIGIBLE</b> . If you are receiving <b>DIC</b> , any payment under this annuity will be reduced by the <b>DIC</b> amount.
<input type="checkbox"/> <b>MIW</b>	
<input type="checkbox"/> <b>DIC</b>	

**SECTION III - INFORMATION CONCERNING SURVIVING SPOUSE**

<b>9. NAME</b> <i>(Last, First, Middle Initial)</i>	<b>10. SOCIAL SECURITY NUMBER</b>	<b>11. DATE OF BIRTH</b> <i>(YYYYMMDD)</i>	<b>12. CITIZEN OF WHAT COUNTRY?</b>
<b>13. ADDRESS</b> <i>(Street, Apartment Number, City, State, ZIP Code)</i>			<b>14. TELEPHONE NUMBER</b> <i>(Include Area Code)</i>

**SECTION IV - ELECTRONIC FUNDS TRANSFER (EFT)**

Complete the following section to authorize Electronic Funds Transfer (EFT) if you are found qualified for benefits. Instead of completing this section you may attach a voided personal check to authorize EFT.

<b>15. ROUTING TRANSIT NUMBER (RTN)</b> <i>(9 digits)</i>	<b>16. ACCOUNT NUMBER</b>	<input type="checkbox"/> <b>CHECKING</b>
		<input type="checkbox"/> <b>SAVINGS</b>
<b>17. NAME(S) OF ACCOUNT HOLDER(S)</b>		
<b>18. FINANCIAL INSTITUTION</b>		
<b>a. NAME</b>		<b>b. TELEPHONE NUMBER</b> <i>(Include Area Code)</i>
<b>c. ADDRESS</b> <i>(Street, Suite Number, City, State, ZIP Code)</i>		

<b>SECTION V - LEGAL REPRESENTATIVE INFORMATION</b> <i>(Court Appointed Guardian, Representative Payee, or Power of Attorney)</i>		
<b>19. HAS A LEGAL REPRESENTATIVE BEEN APPOINTED FOR THE PURPOSE OF RECEIVING THIS ANNUITY ON YOUR BEHALF?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>20. IF A LEGAL REPRESENTATIVE HAS NOT BEEN APPOINTED WILL ONE BE APPOINTED?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>21a. NAME OF LEGAL REPRESENTATIVE</b> <i>(Last, First, Middle Initial)</i>  <b>c. TELEPHONE NUMBER</b> <i>(Include Area Code)</i>		<b>b. ADDRESS OF LEGAL REPRESENTATIVE</b> <i>(Street (or P.O. Box), Suite Number, City, State, ZIP Code)</i>
<b>SECTION VI - CERTIFICATION AND SIGNATURE</b> <i>(Must be signed)</i>		
<b>22a. APPLICANT/LEGAL REPRESENTATIVE'S SIGNATURE</b>		<b>b. DATE (YYYYMMDD)</b>
<b>23a. FIRST WITNESS OR NOTARY SIGNATURE</b>		<b>b. DATE (YYYYMMDD)</b>
<b>c. ADDRESS OF FIRST WITNESS</b> <i>(Include ZIP Code)</i>		
<b>24a. SECOND WITNESS SIGNATURE</b>		<b>b. DATE (YYYYMMDD)</b>
<b>c. ADDRESS OF SECOND WITNESS</b> <i>(Include ZIP Code)</i>		
<b>TRUTHFULNESS STATEMENT</b>		
All statements made in this application must be true to the best of your knowledge. No evidence necessary to settlement of the claim or establishment of the annuity should be suppressed or withheld. <i>(U.S. Code, Title 18, Sec. 287, 1001, provides that an individual shall be fined under this title or imprisoned not more than 5 years, or both.)</i>		
<b>WHERE TO REQUEST INFORMATION AND SEND YOUR APPLICATION</b>		
Upon completion of this form, send it to the office listed below for the service of the deceased member. The following documents are needed to determine your eligibility. Please include them with your application.		
(1) A copy of a retirement order or copy of Notice of Retirement Eligibility or other official service document showing deceased member's retired status; (2) A copy of the deceased retiree's final DD Form 214 (Certificate of Discharge); (3) A certified true copy of the deceased retired member's death certificate; and (4) A certified true copy of your certificate of marriage to the deceased retired member.		
If you have questions or need help completing this application, please contact the office of the appropriate service below. If your spouse is a deceased retiree of the:		
U.S. ARMY - Contact the Retirement Services Office at your nearest Army installation. Mail completed form to: HQDA Army Retirement Services, Attn: DAPE-RSO, 200 Stovall St., Alexandria, VA 22332-0470.		
U.S. NAVY - Department of the Navy, Bureau of Naval Personnel, PERS-622, Retired Activities Branch, 5720 Integrity Dr., Millington, TN 38055-6220		
U.S. AIR FORCE - HQ AFPC/DPPTR, 550 C Street West, Suite 11, Randolph AFB, TX 78150-4713.		
U.S. MARINE CORPS - Manpower and Reserve Affairs (MMSR-6), 3280 Russell Road, Quantico, VA 22134-5103.		
U.S. COAST GUARD and NOAA - Commanding Officer (RAS), USCG Human Resources Service & Information Center, 444 S.E. Quincy Street, Topeka, KS 66683-3591.		
U.S. PUBLIC HEALTH SERVICE - Compensation Branch, 5600 Fishers Lane, Room 4-50, Rockville, MD 20857.		
<b>SERVICE CERTIFICATION - FOR OFFICE USE ONLY</b>		
I certify that the above applicant is qualified for benefits under the Annuity for Certain Military Surviving Spouses and authorize payment.		
<b>25a. PRINTED NAME OF AUTHORIZING OFFICIAL</b> <i>(Last, First, Middle Initial)</i>	<b>b. TITLE</b>	<b>c. SERVICE</b>
<b>d. TELEPHONE NUMBER</b> <i>(Include Area Code)</i>	<b>e. SIGNATURE</b>	<b>f. DATE (YYYYMMDD)</b>